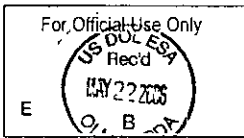


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10941	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name James LaMantia P.O. Box, Bldg., Room No., if any Street 1221 Locust Street City St. Louis State Montana ZIP Code + 4 63103	4. Name, file number, and address of labor organization. Name Iron Workers Local 396 Labor Organization File Number 019470 P.O. Box, Building and Room Number, if any Street 2500 59th Street City St. Louis State Missouri ZIP Code + 4 63110
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4.	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James LaMantia</u>	On 05/15/2006	314-588-7511
	Date	Telephone Number

economic benefit with monetary value **from a business** (1) a
 selling or leasing to, or otherwise dealing with the business
 organization represents or is actively seeking to represent, or
 selling or leasing directly or indirectly to, or otherwise
 which your labor organization is interested.

(if any).

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

State Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name St. Louis District Council Pension And Annui

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1260 Foster Avenue

City Wheeling

State Illinois ZIP Code + 4 60090

11.a. Nature of such dealing.

Trustee of Fund

11.b. Approximate dollar value of such dealing.

\$388

12.a. Nature of interest held or income received.

12.b. Amount.

\$388

C. Received from any employer (other than an employer covered under parts A and B above)
 or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
 (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.